

GAV 38H

PTO/SB/21 (12/97)

Approved for use through 9/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

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Total Number of Pages in This Submission 16

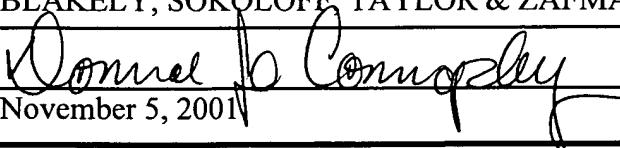
Application No.	09/469,406
Filing Date	December 22, 1999
First Named Inventor	Ali Keshavarzi
Group Art Unit	2811
Examiner Name	Kang, D.
Attorney Docket Number	42390P7511

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<div style="border: 1px solid black; padding: 5px;">Copies of 2 (two) cited references</div>
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

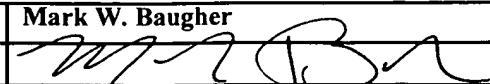
Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Donna Jo Coningsby, Reg. No. 41,684 BLAKELY, SOKOLOFF TAYLOR & ZAFMAN LLP
Signature	
Date	November 5, 2001

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on: November 5, 2001

Typed or printed name	Mark W. Baugher
Signature	
Date	November 5, 2001

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

664.00

Complete if Known

Application No.	09/469,406
Filing Date	December 22, 1999
First Named Inventor	Ali Keshavarzi
Examiner Name	Kang, D.
Group/Art Unit	2811
Attorney Docket No.	42390P7511

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to credit any overpayments to:

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

Charge Any Additional Fee(s) Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Applicant claims small entity status. See 37 CFR 1.27.

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Code	Fee	Fee	Code
101	740	201	370
106	330	206	165
107	510	207	255
108	740	208	370
114	160	214	80
SUBTOTAL (1)		(\$)	

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
38	4	- 28 = 10	X 18.00 = \$180.00	
		- 3 = 1	X 84.00 = \$84.00	

Multiple Dependent

*or number previously paid, if greater. For Reissues, see below

Large Entity Small Entity

Large Entity		Small Entity	
Fee	Fee	Fee	Description
103	18	203	9 Claims in excess of 20
102	84	202	42 Independent claims in excess of 3
104	260	204	140 Multiple Dependent claim, if not paid
109	34	209	42 **Reissue independent claims over original patent
110	18	210	9 **Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)	264.00

3. ADDITIONAL FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee	Fee	Fee	Fee
Code	Fee	Fee	Code
105	130	205	65 Surcharge - late filing fee or oath
127	50	227	25 Surcharge - late provisional filing fee or cover sheet.
139	130	139	130 Non-English specification
147	2,520	147	2,520 For filing a request for reexamination
112	920*	112	920*Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840*Requesting publication of SIR after Examiner action
115	110	215	55 Extension for response within first month
116	400	216	200 Extension for response within second month
117	920	217	460 Extension for response within third month
118	1,440	218	720 Extension for response within fourth month
128	1,960	228	980 Extension for response within fifth month
119	310	219	155 Notice of Appeal
120	310	220	155 Filing a brief in support of an appeal
121	270	221	135 Request for oral hearing
138	1,510	138	1,510 Petition to institute a public use proceeding
140	110	240	55 Petition to revive - unavoidable
141	1,240	241	620 Petition to revive - unintentional
142	1,280	242	640 Utility issue fee (or reissue)
143	460	243	230 Design issue fee
144	620	244	310 Plant issue fee
122	130	122	130 Petitions to the Commissioner
123	130	123	130 Petitions related to provisional applications
126	180	126	180 Submission of Information Disclosure Stmt
581	40	581	40 Recording each patent assignment per property (times number of properties)
146	710	246	355 Filing a submission after final rejection (37 CFR 1.129(a))
149	710	249	355 For each additional invention to be examined (37 CFR 1.129(b))
179	740	279	370 Request for Continued Examination (RCE)
169	900	169	900 Request for expedited examination of a design application
Other fee (specify)			
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	
		(\$)	400.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Donna Jo Coningsby	Registration No. (Attorney/Agent)	41,684	Telephone	(503) 684-6200
Signature	<i>Donna Jo Coningsby</i>			Date	11/05/01

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